

WE ARE MULTIPLE BODIES SQUEEZED INTO ONE. THE BODIES WE ABSORBED IN THE WOME NEVER LEFT US. BUT HAUNT OUR PYSCHE WITH THEIR ABSONCE AS THEIR PRESENCE



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schizo-

From Ancient Greek σχίζω (skhízō, "I split").

- 1. split, cleft
- 2. schizophrenia



SCHIZOPHRENIA

The Bearded Lady Disease

Volume One

More than thirty years of intensive investigation of these problems permits me to make the general statement that in man every case of emotional neurosis or psychosis is the result of more or less conflict and confusion involving bisexual differentiation. ... Dementing schizophrenia is essentially a regression to the cloacal level of hermaphrodism. I am quite sure that it would be easy to demonstrate these factors in any case and often within an hour of investigation.

["Bisexual Factors in Curable Schizophrenia*," Edward J. Kempf, M.D. (*Presented at the Annual Meeting of the American Psychiatric Association, May 18, 1948), Journal of Abnormal and Social Psychology. 1949 Jul Vol 44(3) 414-419. [(The complete E. J. Kempf article is the final item in the book.)

Dr. Edward J. Kempf was a highly-respected and brilliant psychiatrist and psychoanalyst whose productive years encompassed well over half a century, ending with his death in 1971. Thus, when Dr. Kempf makes the claim that "in man every case of emotional



Yes in a Eemins, yes i costrate MENBUT iwas raking about as Sily:3

Clinical Notes

AUTOCASTRATION AND AUTOPENECTOMY IN A PATIENT WITH TRANSSEXUALISM AND SCHIZOPHRENIA

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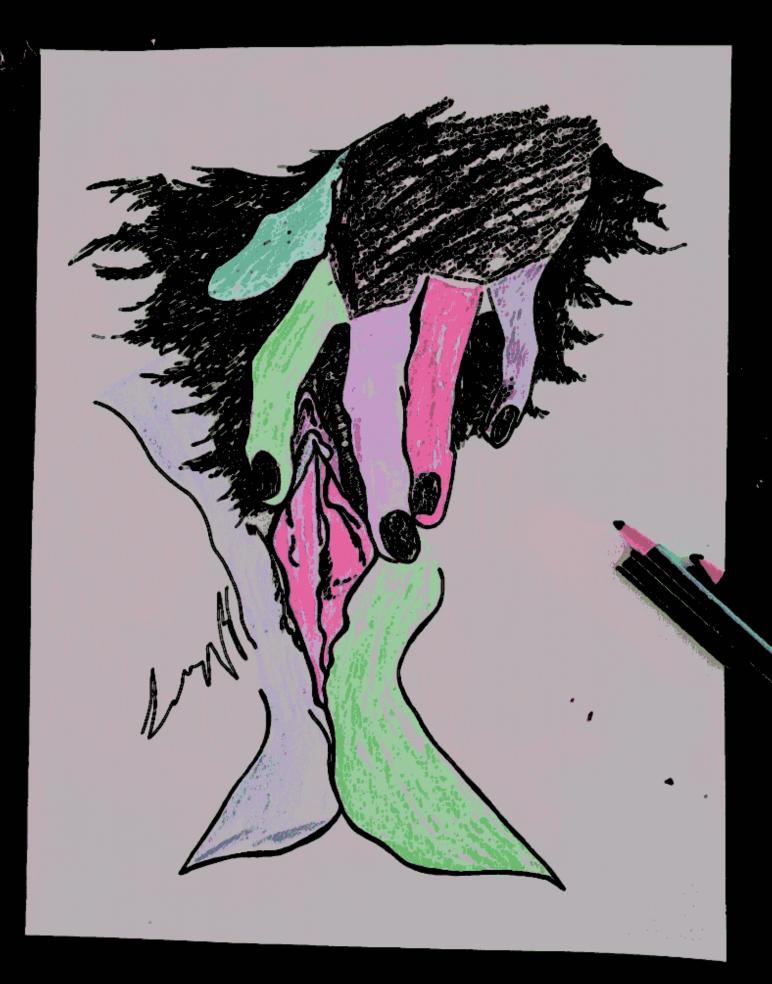
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Introduction

The prevalence of transsexualism in males is estimated to be 1 in 30,000, while the presence of a dual diagnosis of transsexualism and schizophrenia is considered extremely rare (American Psychiatric Association, 1987). The occurrence of genital self-mutilation is also extremely rare with only 53 cases reported in the world literature when reviewed by Greilsheimer and Groves in 1979. Risk of genital self-mutilation is increased in transsexualism (Haberman & Michael, 1979; Krieger et al., 1982); however, it is found in only a small percentage of transsexuals and is generally not complete castration or penectomy (Benjamin, 1966). We present a case of autocastration and autopenectomy in a patient with the dual diagnosis of schizophrenia and transsexualism, and we discuss some of the unique aspects of transsexualism in a patient with a psychotic disorder.

Case Report

A 26-year-old single white male with a five-year history of schizophrenia was admitted to the inpatient psychiatric ward after confiding to his therapist that he was surgically creating a vagina. Physical examination revealed that there had been complete removal of the penis and testicles. The wound site showed healthy granulation tissue. A new midline incision was also present, which the patient explained was the beginning of a vagina. The superficial appearance was that of a vagina (see Figure 1). The ureter had been splayed open to mimic a



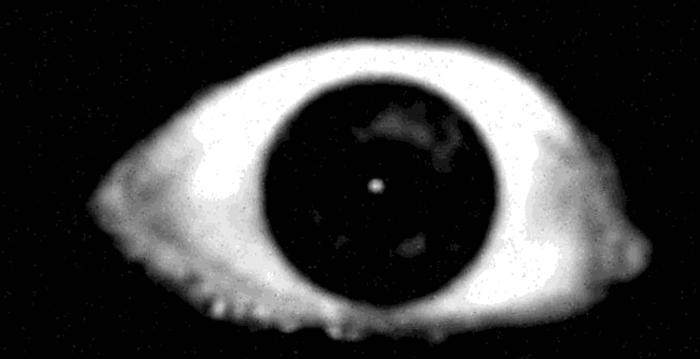
DAMYOURSELFLOVE DAMTHAT
SMALLWHISPERSAYING TO YOU,
"ILOVEYOU DACCEPTYOU DWILL
ALWAYS BEHERE FOR YOU DWILL
NOT DENY YOU LOVE BECAUSE OF
WHO YOU WANT TO BE".







IT IS NO MEASURE OF HEALTH TO BE



WELL ADJUSTED TO A PROFOUNDLY SICK SOCIETY



The mirror is a lie. The photograph is a lie. We give too much credence to photographs as the arbiter of our sense of self. If we want to see what we "truly look like", we take a photo. As a society we value how we are seen by others, by a machine, more than how we see ourselves. The photograph is the "real us" rather than the us that lives in our hearts.

We assume that because others do not have our eyes that they cannot see our inner being. They cannot manage the discrepancy between their senses and how we feel on the inside. We feel our inner life is unknowable to others and believe they cannot see the being we want to become rather than the body we have been ordained by society. To have a vision of yourself happy in love, euphoric, celebrating, while you are currently miserable and in the closet is not a curse, but a gift. What being trans gives you is a photography of the soul.

Right:"Old Soul," PHOTOGRAPH, [undated]



CULTURE AND SCHIZOPHRENIA: A STUDY OF NEGRO AND JEWISH SCHIZOPHRENICS

MICHAEL BREEN, PH.D. Boston State Hospital

THEORY AND BACKGROUND

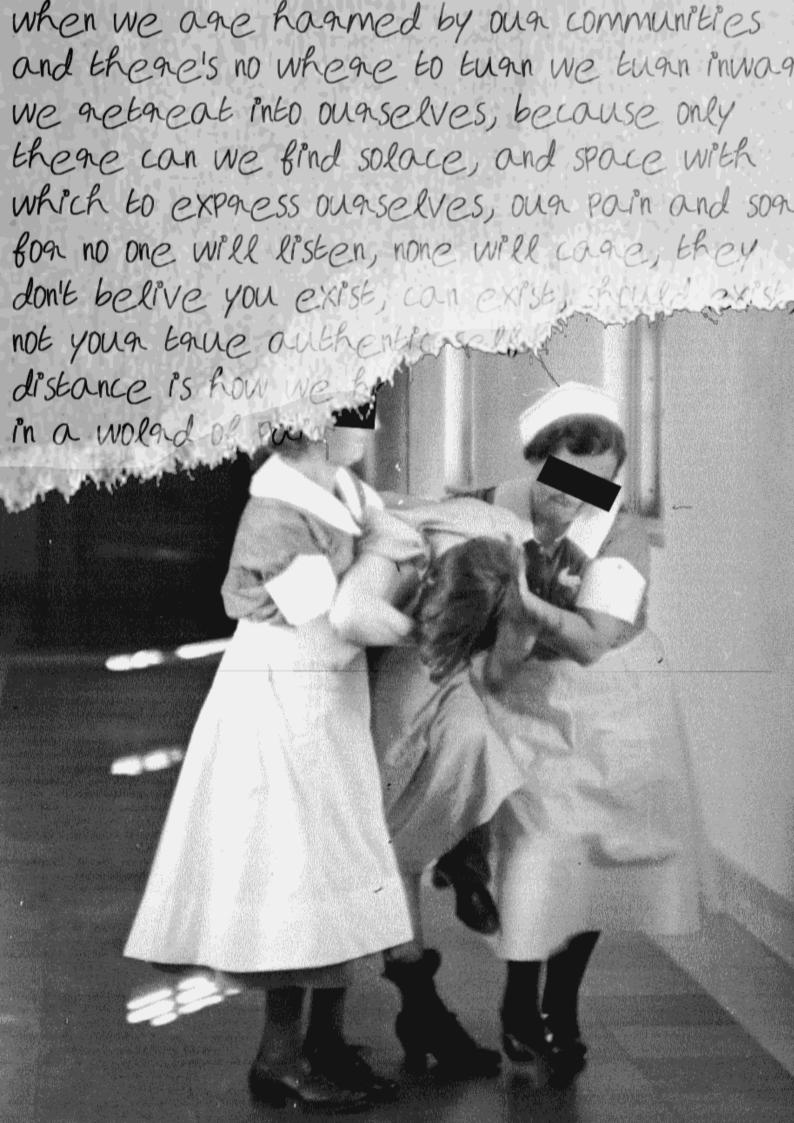
THE symptoms of schizophrenia are often seen as regressions to culturally universal, infantile modes of functioning. Here a different view is proposed. Schizophrenic symptomology is seen as an exaggeration of behavior which defines the coping style of many normal individuals within the schizophrenic's culture. The exaggeration hypothesis will be examined in reference to American Negro and American Jewish culture and to schizophrenics from these cultures.

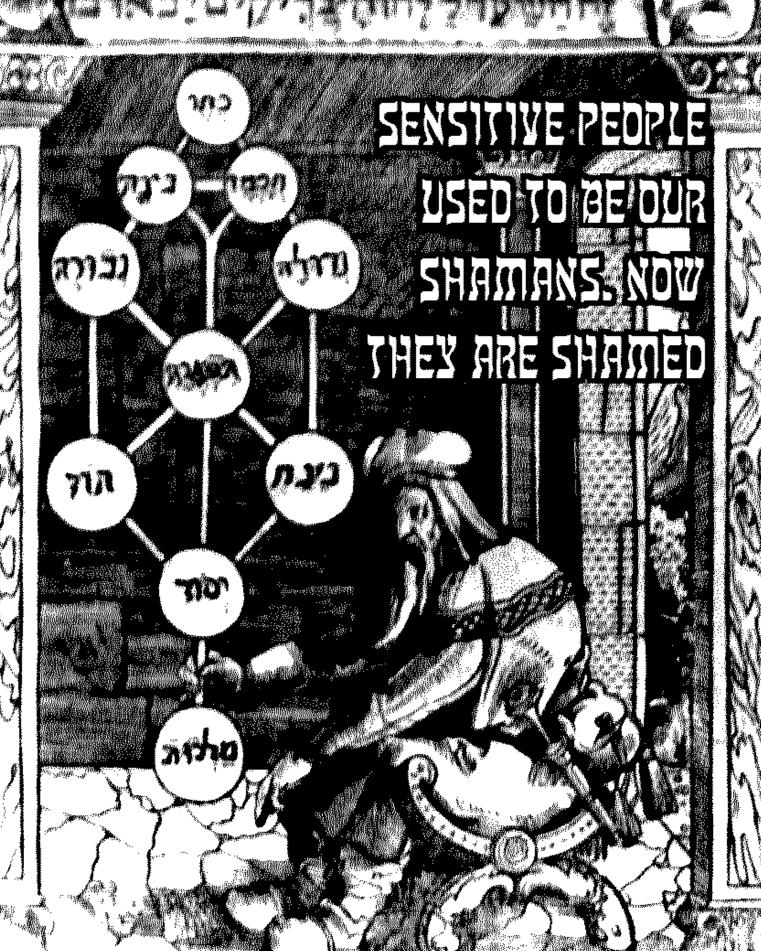
The Exaggeration Model

The exaggeration hypothesis states that the schizophrenic is not solely returning to earlier modes of coping with stress, but he is also making exaggerated use of the defense systems which, in milder forms, define aspects of the mature personality of the culture in which he was raised.

The exaggeration (or socio-cultural) model may be contrasted with the regression (or psychoanalytic) model by drawing on the following example. In a case of paranoid schizophrenia, the most salient characteristic is a disruptive, persecutory delusion. According to psychoanalytic theory, this symptom indicates a regression to the early anal stage of development, where relationships are often defined in terms of crude power struggles and grossly aggressive manipulations of the environment. Superego formation—if, strictly speaking, such a formation has yet appeared—is primitive. Control of the impulse life, the instincts, is seen as a result of external force, the pre-Oedipal mother. Sexual pleasure is related to activities involving the anal sphincter. The distinction between internal, psychic events and external, environmental events is still uncertain. It is easy for the child to "project" unwanted aggressive impulses onto the environment, then express those very same aggressive impulses by combating the externalized "evil." The narcissism of the period leads to a homosexual orientation which, in the paranoid schizophrenic, is disavowed and also projected onto the environment.

In this rendition the emphasis is on internal states and regression. Much of the paranoid schizophrenic behavior can be seen, however, as an instance of exaggeration of normal patterns. In some societies, almost all adversity is interpreted as stemming from the malicious intent of the human environment. This may not be unreasonable, because the society may place value on obtaining pleasure through dominance and bettering. In other words, life is seen as a battle. The idea of a struggle may be sexualized. Losing in a conflict is seen as being the victim of sodomy or as being turned into a weak and helpless woman. There is no fixation to an attitude characterizing an earlier developmental stage but rather an overemphasis on a total style which has been learned over all the developmental







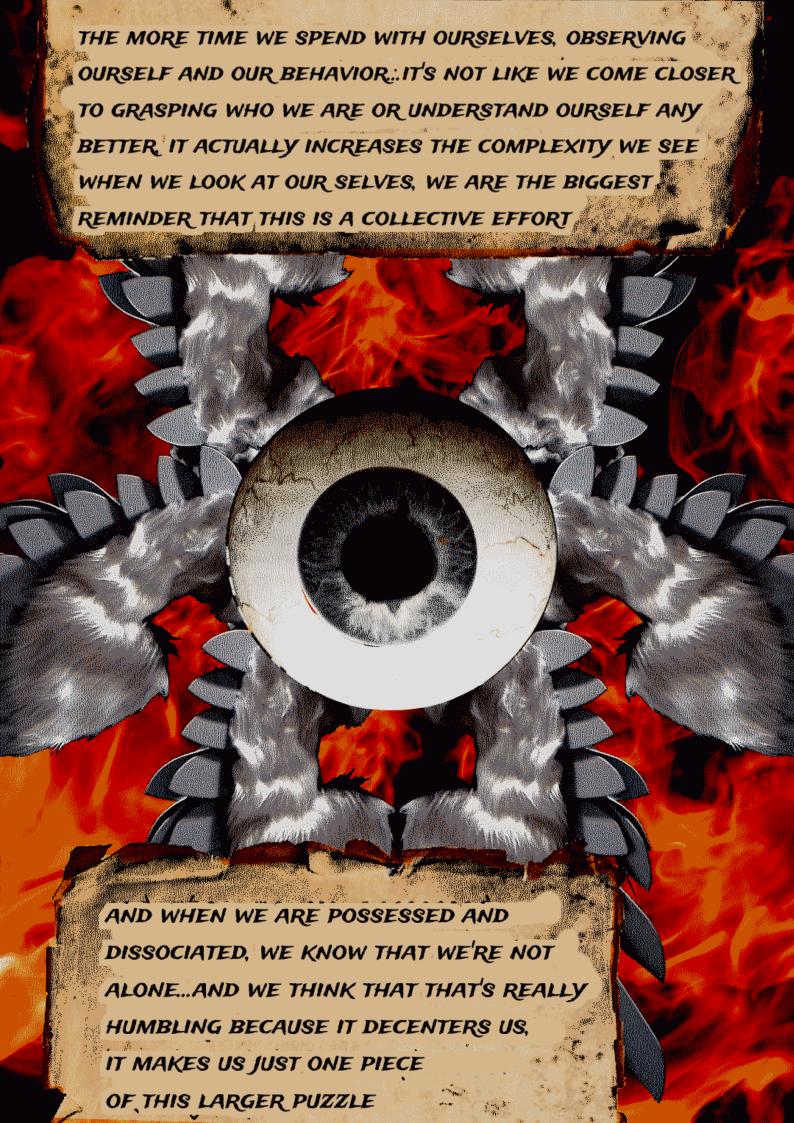
מודת אַני כִּבְּנִיה מָכָּה חַיִּבִים, שׁהוֹזִיהת בִּי צִּשְּׁמְתִיּ וְקִיִם, שַּׁהוֹזִירת בִּי צִּשְּׁמְתִיּ בּוֹזִמִּלָה, רַבָּב, אֵמוּנְּתָה



I GRATEFULLY THANK YOU. O LIVING AND ETERNAL KING. FOR YOU HAVE RETURNED MY SOUL

שודאות תב שודא כסתראקקוסת -אפטתסאתד וק צסטא האודאהטלתפקק! We presume that demons will possess us without effort on our part. We must not only be prepared for them to come. We must make ourselves worthy of their invitation. We may invite a demon into our body, but will they want to enter and take us over. We must prove to them, and to ourselves, that we are ready to take on that responisbility. demons and spirits have been around much longer than we have and have more wisdom than we will ever know. We consider it an honor when one graces us with







בֿאָר קיין מאָל אונדוער הייליקן גֿיַיסט באָר קיין מאָל אונדוער הייליקן גֿיַיסט. פאועום אוער אונדוער האואר spirit.

